

Name  
in  
Full

Loda Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

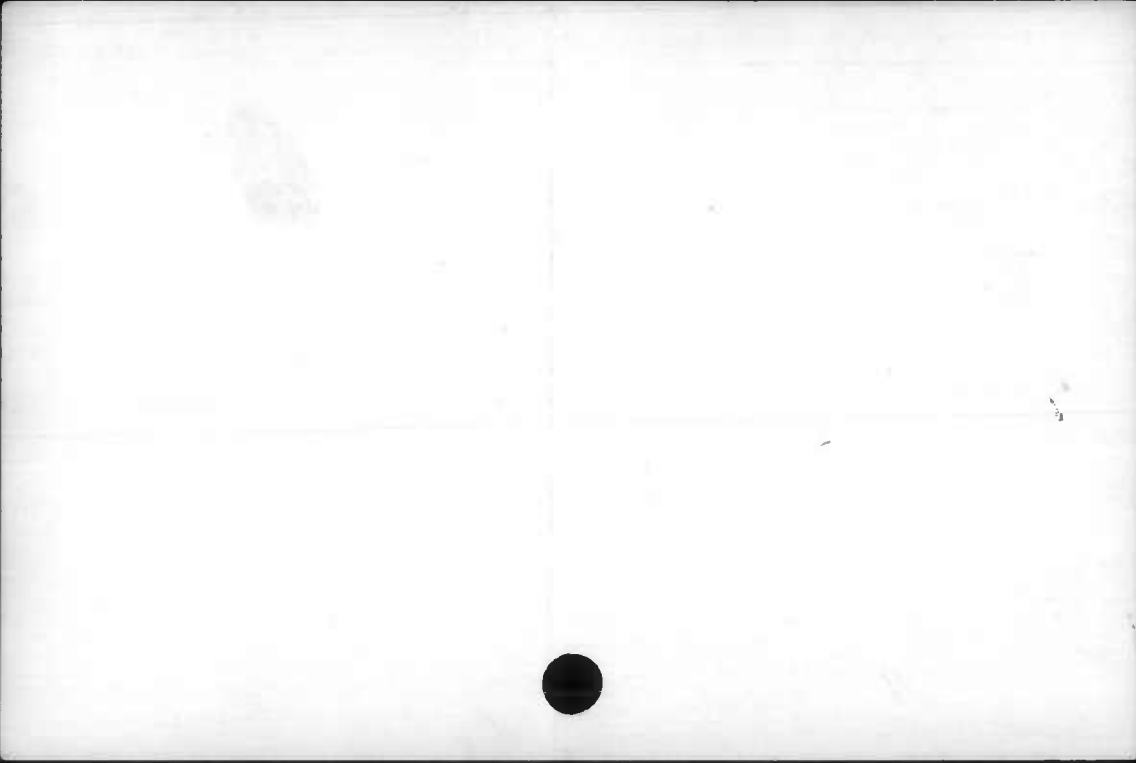
Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	Dec	Day	17
Age	59	Years		Months	
Sex	M	Color of Race	White	Birth-place	Unknown
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown		
Father's Name	Robert Anderson		Father's Birthplace	Unknown	
Mother's Maiden Name	Sarah Reed		Mother's Birthplace	"	
Name of person giving Information	Hospital records		How related to deceased	✓	

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Acute Mania</i>	How long	<i>about 3 wks.</i>
Immediate	<i>Broncho-pneumonia</i>	How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. J. Carey</i>
		Address	<i>Sykesville Md.</i>
Accident or Suicide	<i>No</i>		



Name  
in  
Full

Henry Lewis Arnold

540  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
East View				Carroll			
Date	Month	Day	Age	Years	Months	Days	
of death	1909	Dec	16	38	5	18	
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Laborer		Where Residing If not at place of death		Oggs Summit		
Married, Single or Widowed	Married		Name of Wife or Husband	Emma Spencer			
Father's Name	John Hook		Father's Birthplace	Maryland			
Mother's Maiden Name	Margaret R Arnold		Mother's Birthplace	Geo			
Name of person giving Information	Emma Arnold		How related to deceased	Wife			

## CAUSES OF DEATH

166

Primary  
Crushed by Engine

How long  
15 minutes  
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. J. Coonan M.D.  
Westminster  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

dear Revd Chaplin

Sharon

Name  
in  
Full

546  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *John M Barnes*  
Town *Gambier* County *Carroll*

Died at *Gambier*  
Date of death *1909 Dec 23* Month *Dec* Day *23* Year *1909* Age *69* Months *3* Days

Sex *male* Color or Race *White* Birth-place *Amthburg*

Occupation *Farm laborer* Where Residing if not at place of death *Gambier*

Married, Single or Widowed *Married* Name of Wife or Husband *Martha Poole*

Father's Name *Moses Barnes* Father's Birthplace *Amthburg*

Mother's Maiden Name *Mazia Murry* Mother's Birthplace *Westminster*

Name of person giving Information *J M Barnes* How related to deceased *Son*

CAUSES OF DEATH.

**170**  
How long

Primary Cause of Death *Stroke to Death*

*Disappeared on 23 Dec 1909*  
How long *found on Jan 4 1910*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*R. H. Steeles*  
Address *Gambier*

Accident or Suicide

*Ind*

PHYSICIAN  
OR CORONER

*C*

Providence church  
Gambier  
Sharon

Name  
in  
Full

CERTIFICATE OF DEATH

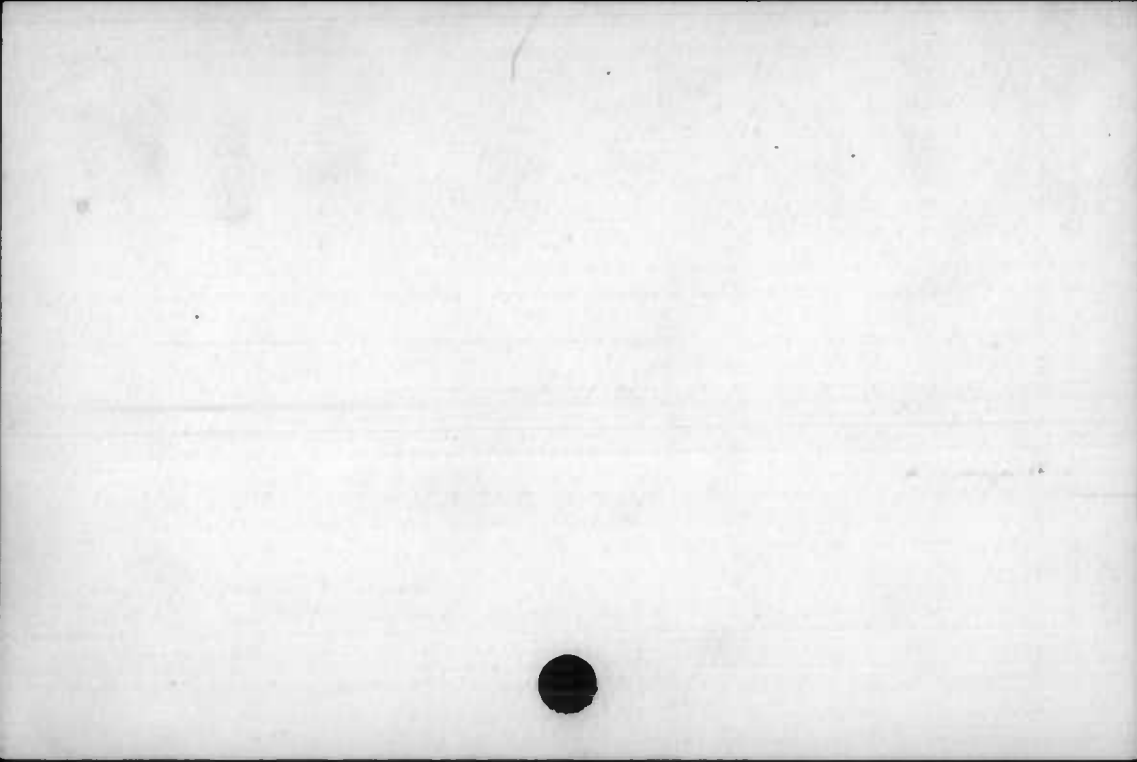
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Eldersburg</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>Dec</i>	Day <i>16</i>	Age <i>in</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Polosh</i>		Birth- place <i>Carroll Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Henry Bzinski</i>			Father's Birthplace <i>Poland</i>		
Mother's Maiden Name <i>Eva Livinduski</i>			Mother's Birthplace <i>Poland</i>		
Name of person giving In formation <i>Henry Bzinski</i>			How related to deceased <i>Author</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Accident to motor</i>	How long <i>—</i>
Immediate <i>Hemorrhage</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Hanger</i>
<i>"Still born child"</i>	Address <i>Sykesville Md</i>
<i>Accident or Suicide?</i>	



Name  
in  
Full

Ernest Carey Benson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Westminster <sup>County</sup> Carroll MARYLAND

Date of death 1907 Dec 23 Age — Months — Days 2

Sex Male Color or Race white Birth-place Md

Occupation none Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Ernest Benson Father's Birthplace Md

Mother's Maiden Name Elizabeth Mettlem Mother's Birthplace Md

Name of person giving information Ernest Benson How related to deceased Father

## CAUSES OF DEATH

Primary Premature Birth How long 2 mos

Immediate Heart Failure How long —

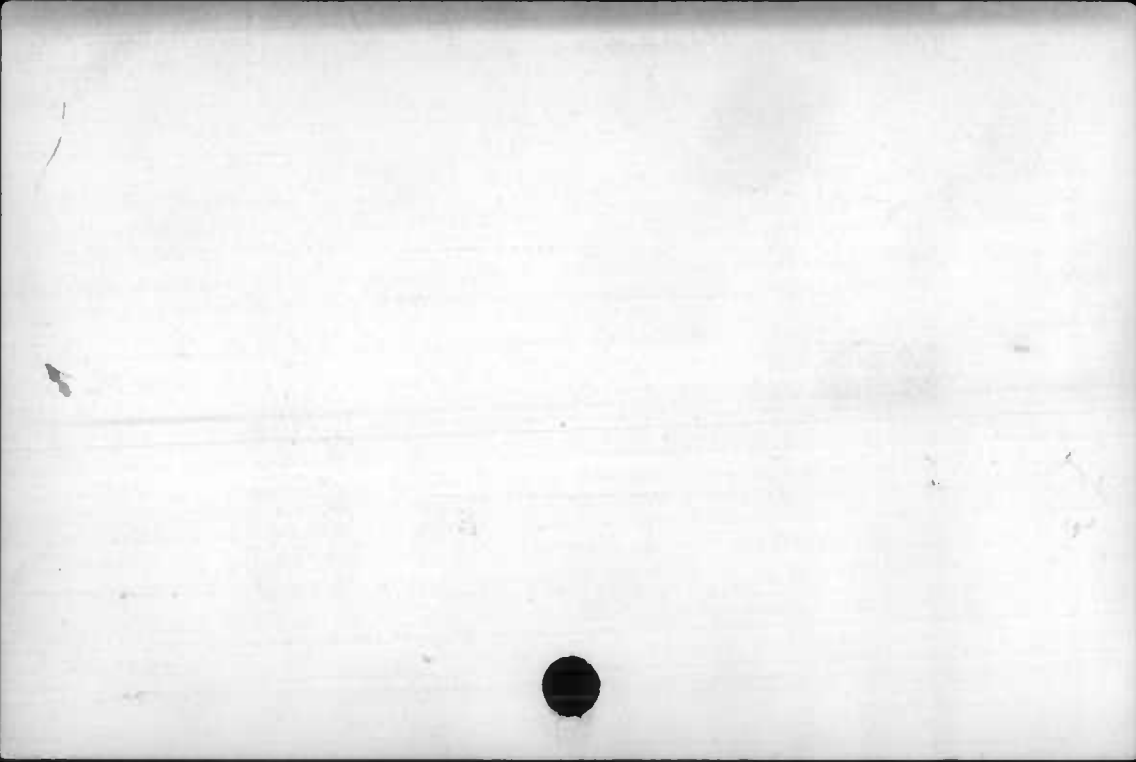
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas R Fouts

Address Westminster Md

Accident or Suicide? no —

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

151



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Michael H Benty* Town *Finksburg* County *Carroll* MARYLAND  
Died at *Finksburg*  
Date of death 190*9* *Dec* *14* Age *86* Months *6* Days *22*  
Sex *Male* Color or Race *white* Birth-place *York Pa*  
Occupation *Cabinet Maker* Where Residing if not at place of death  
Married, Single or Widowed *Widower* Name of Wife or Husband *Louisia G Benty*  
Father's Name *Michel Benty* Father's Birthplace *York Pa*  
Mother's Maiden Name *Dont know* Mother's Birthplace *Washington*  
Name of person giving Information *Michael R Benty* How related to deceased *Son*

CAUSES OF DEATH

Primary *Chronic Interstitial Nephritis* How long *24 yrs*  
Immediate *Valvular Insufficiency* How long *9 yrs*

Are the name, age, sex, color, date and place correctly given above?

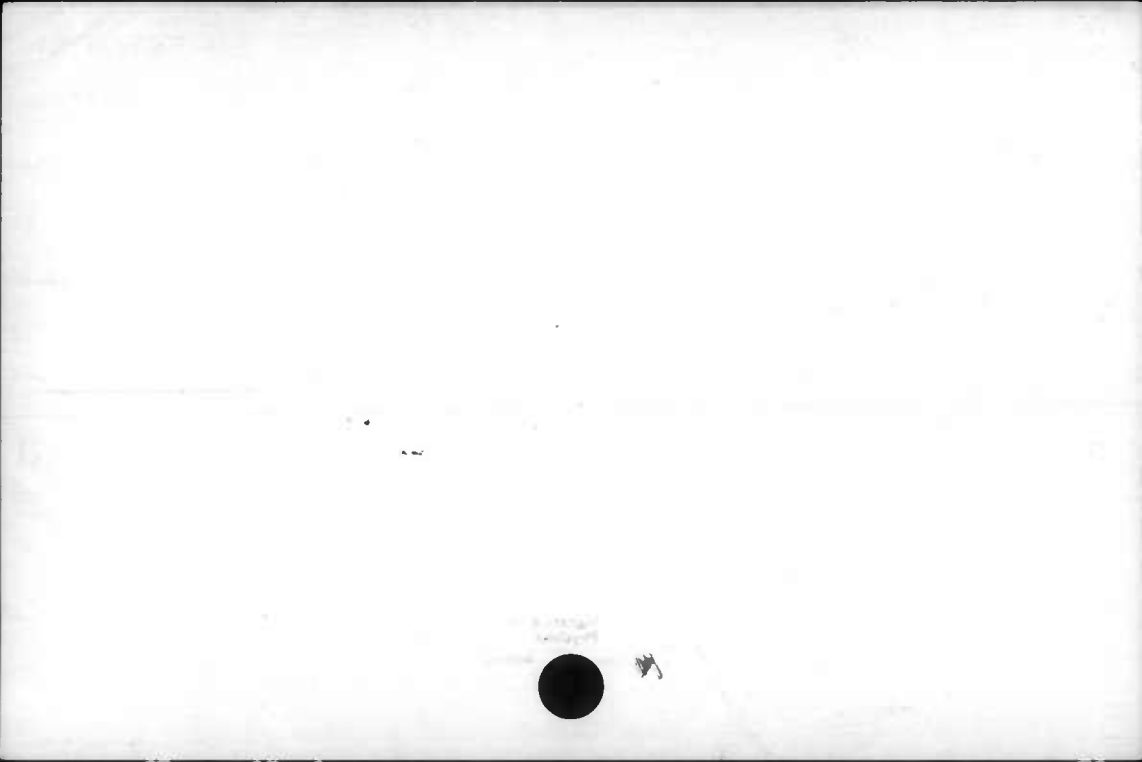
*Yes*

Signature of Physician

Address

*W. R. [Signature]*  
*Reisterstown Md*

Accident or Suicide



Name  
in  
Full

Eliza A. Bremer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hist</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	12	Day	17
Age	76	Years	8	Months	17
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Domestic</i>		Where Residing if not at place of death <i>Hist. Md -</i>		
Married, Single or Widowed	<i>Married</i>	Name of <del>Wife</del> or Husband	<i>Frederick Bremer</i>		
Father's Name	<i>George Barber (deceased)</i>			Father's Birthplace	<i>Balt. Co., Md.</i>
Mother's Maiden Name	<i>Mary Cullum ( " )</i>			Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>Frederick Bremer</i>			How related to deceased	<i>Husband.</i>

## CAUSES OF DEATH

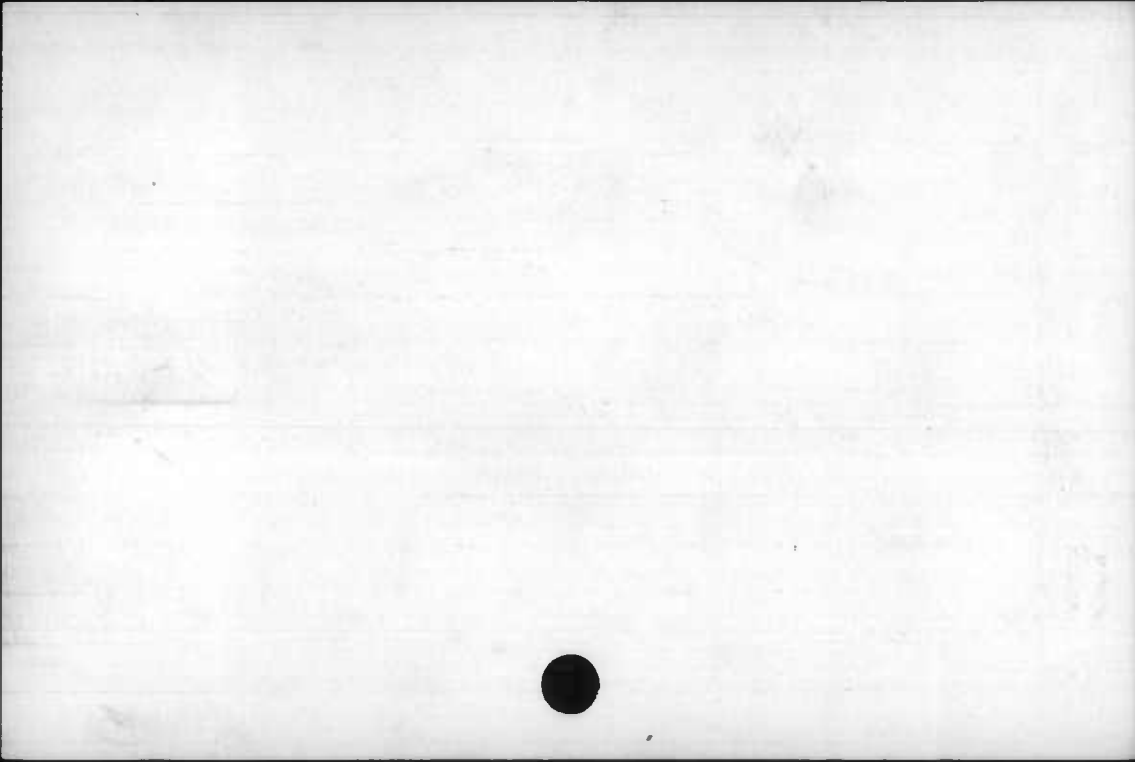
42

PHYSICIAN  
OR CORONER

Primary	<i>Uterine Carcinoma</i>	How long	<i>3 yrs</i>
Immediate	<i>Abdominal Metastasis</i>	How long	<i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E D Crook</i>	
		Address	
		<i>Winfield</i>	
		<i>Carroll Co.</i>	
Accident or Suicide?			

Dear Paris

Name in Full		Julia. A. O. Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		T <sup>own</sup> Taneytown		County Carroll		STATE MARYLAND	
	Date of death	1909	Month	Dec	Day	21	Age 73	
					Months	2	Days 25	
	Sex	Female		Color or Race	White		Birth-place	
	Occupation		Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of <del>Wife</del> Husband	Samuel A Brown			
	Father's Name	Gideon Hiteshew				Father's Birthplace	Pa. 1872	
	Mother's Maiden Name	Mary A. McCaulough				Mother's Birthplace	Id	
Name of person giving information		B. A. Brown				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Paralysis & senility					How long	66 ✓ 1 year
	Immediate	Heart failure					How long	Very sudden
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		F. H. Lewis, M.D.	
					Address		Taneytown, Md.	
	Accident or Suicide?		No					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Robert David Gummie</i>		Town <i>Deep Run</i>		County <i>Garroll</i>		MARYLAND	
Died at <i>Deep Run</i>		Month <i>Dec.</i>		Day <i>11</i>		Years <i>10</i>	
Date of death <i>1909</i>		Month <i>Dec.</i>		Day <i>11</i>		Years <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Garroll Co. Ind.</i>		Months <i>6</i>	
Occupation <i>School boy</i>		Where Residing if not at place of death <i></i>		Days <i>2</i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Andolphus Gummie</i>		Father's Birthplace <i>Garroll Co. Ind.</i>					
Mother's Maiden Name <i>Savannah Beeting</i>		Mother's Birthplace <i>Garroll Co. Ind.</i>					
Name of person giving information <i>Andolphus Gummie</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>10 days</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. Lewis Wetzel M.D.</i>
	Address <i>Union Mills Maryland</i>
Accident or Suicide <i></i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName  
in  
Full  
*Julia F. Drexel*

Town

Died at

*Lykesville*

County

*Carroll*

MARYLAND

Date  
of death*1909 Dec.*

Month

Day

*24<sup>th</sup>*

Age

Years

*45*

Months

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Md.*

Occupation

*None*Where Residing if not  
at place of death*-*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*-*Father's  
Name*Moritz Drexel*Father's  
Birthplace*Germany*Mother's  
Maiden Name*Clara Thorne*Mother's  
Birthplace*Germany*Name of person giving  
Information*Bertha Drexel*How related  
to deceased*sister*

## CAUSES OF DEATH

Primary

*Organic Heart Disease*

How long

*over  
one year*

Immediate

*Hypostatic Pneumonia & Cardiac Emphysema*

How long

*3 days.*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*John Norfolk Morris, M.D.*

Address

*Springfield State Hospital  
Lykesville, Carroll Co Md*

Accident or Suicide

*-*PHYSICIAN  
OR CORNER



Name  
in  
Full

Lewis H. Ecker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

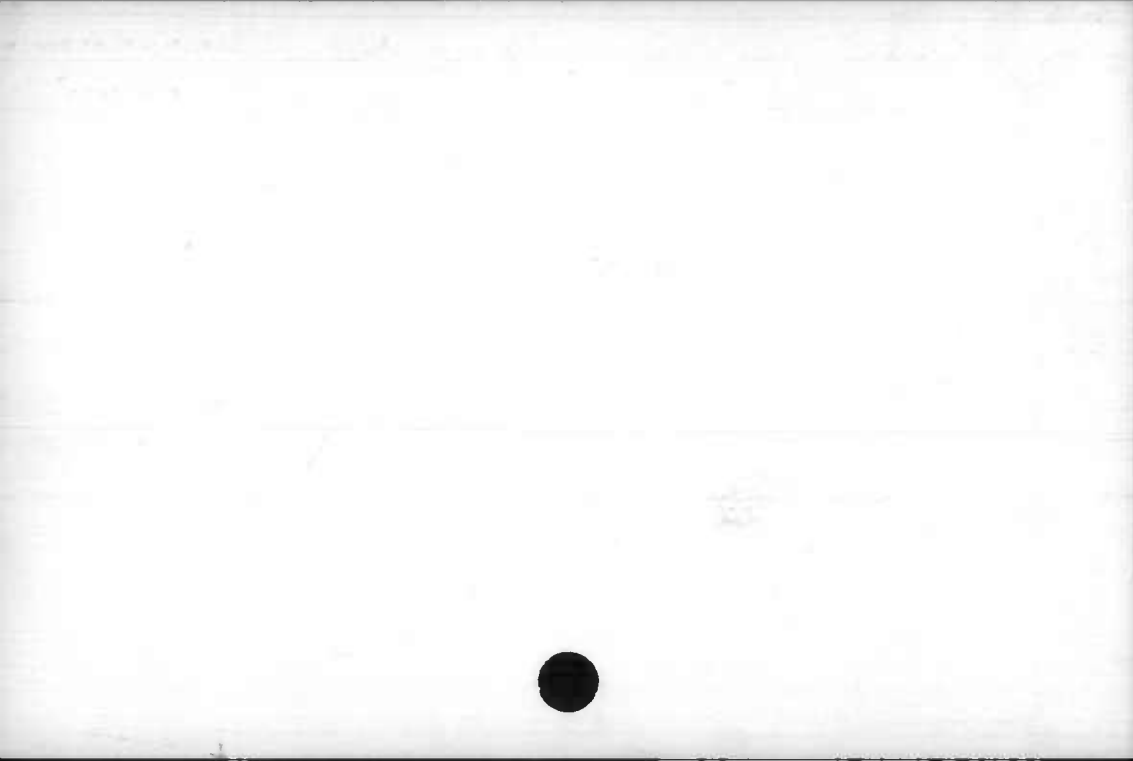
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec.	25th	49	9	2	
Sex		Color or Race		Birth-place			
male		White		New Windsor			
Occupation		Where Residing if not at place of death					
Farmer		Fryburg					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Benjamin Ecker							
Mother's Maiden Name		Mother's Birthplace					
Sarah Jane Moore		Ballinor Co					
Name of person giving Information		How related to deceased					
Charles Ecker		Brother					

## CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary	General Tuberculosis	How long	Years.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Luther Kemp	
		Address	
		New Windsor Md.	
Accident or Suicide			



Name  
in  
Full

Benjaminie Forman

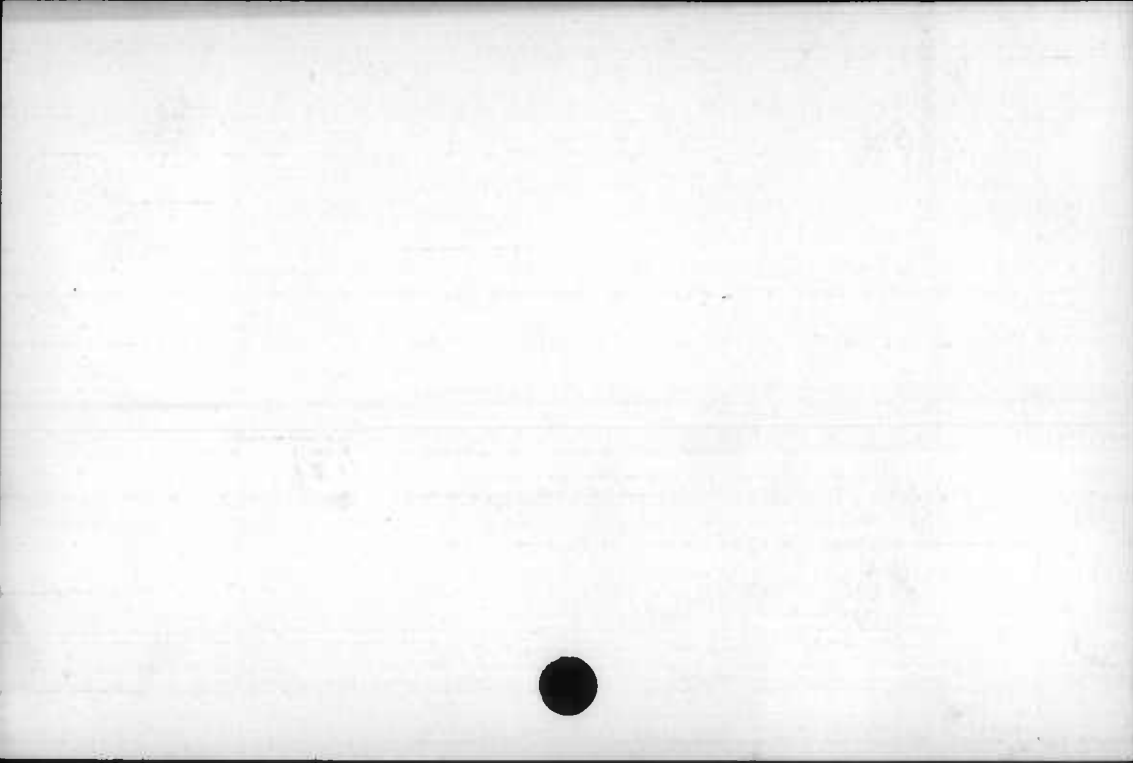
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wilmington</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Dec</i>	Day <i>2</i>	Age <i>75</i>	Months " Days "
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Wilmington</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Forman</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace "		
Name of person giving information <i>Samuel Harris</i>			How related to deceased <i>81</i>		

## CAUSES OF DEATH

Primary <i>Atherosclerotic Degeneration of Arteries</i>	How long <i>Medication</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Luther Kemp</i>
	Address <i>Wilmington Ind</i>
Accident or Suicide?	



Name  
in  
Full

Elsie M Hawk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

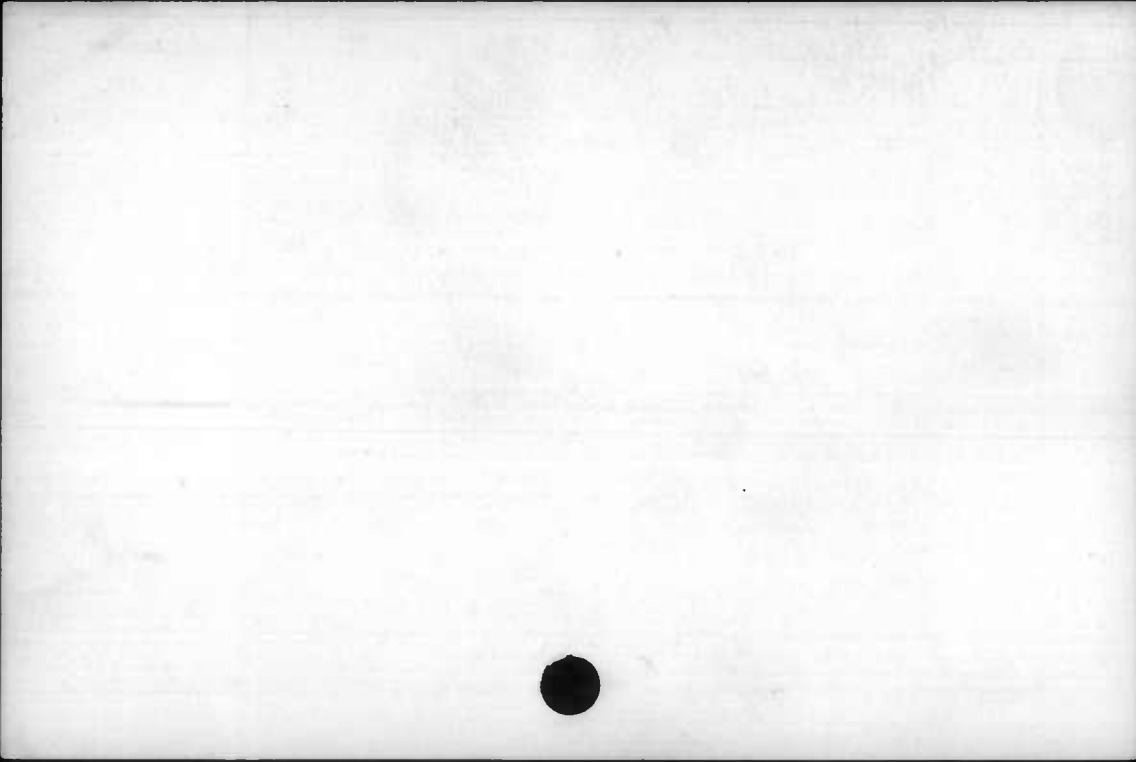
Died at <sup>Town</sup> <u>Taneytown</u>		<sup>County</sup> <u>Carroll</u>		MARYLAND	
Date of death	1909	Month	<u>Dec</u>	Day	1
Age		21	Years	10	Months
Sex		Female	Color or Race	White	Birth-place
Occupation		None	Where Residing if not at place of death		
Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		Hezekiah L Hawk		Father's Birthplace	
Mother's Maiden Name		Isaaciah E Slues		Mother's Birthplace	
Name of person giving information		H. L. Hawk		How related to deceased	
				Father	

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<u>Epilepsy. Consumption</u>	How long	<u>15 years -</u>
Immediate	<u>Exhaustion</u>	<u>Consumption</u>	<u>6 months -</u>
Are the name, age, sex, color, date and place correctly given above?		Yes -	
Signature of Physician		<u>F. H. Lewis</u>	
Address		<u>Taneytown.</u>	
Accident or Suicide?		<u>no</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

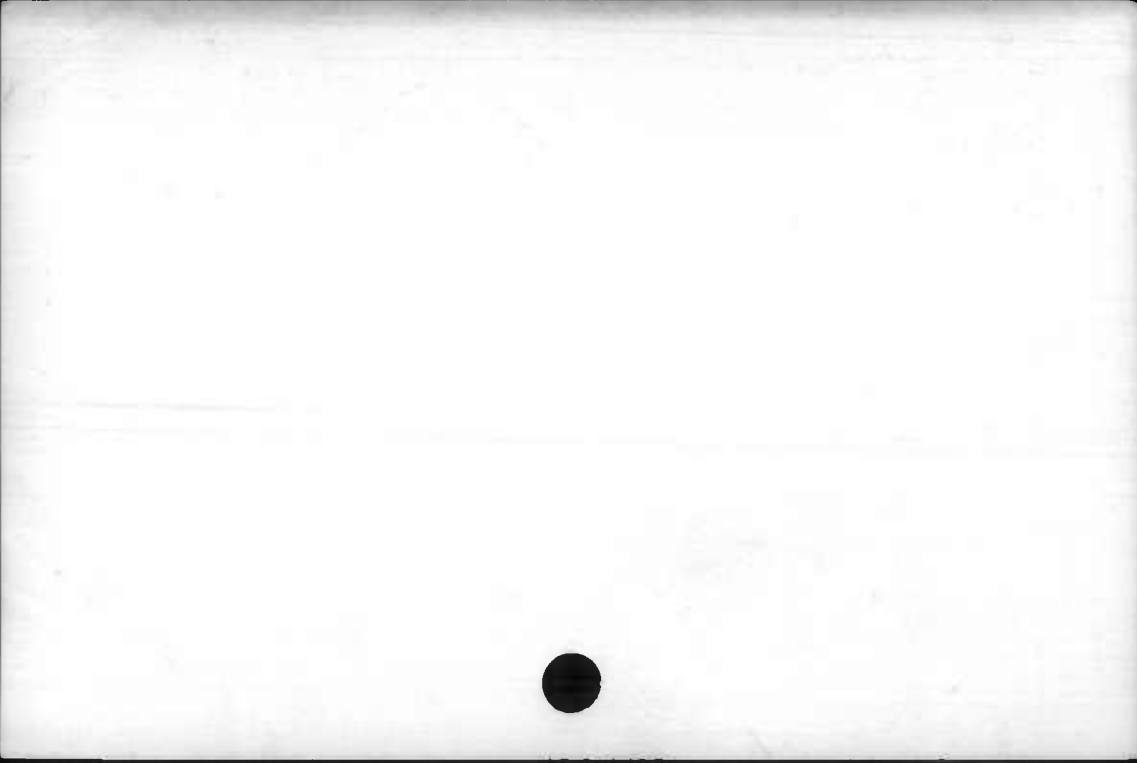
Name in Full <i>Eckman L Henry</i>		Town <i>Frederick</i>		County <i>Carroll</i>		State <b>MARYLAND</b>	
Died at <i>Frederick</i>		Month <i>Dec</i>		Day <i>25</i>		Year <i>1908</i>	
Date of death <i>1908 Dec 25</i>		Age <i>5</i>		Months <i>6</i>		Days <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Samuel L Henry</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Eliza M Annacost</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>J L Henry</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary <i>Tubercular meningitis</i>		How long <i>12 days</i>	
Immediate <i>Convulsions</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry M. Fitzhugh M.D.</i>	
		Address <i>Westminster Md</i>	
Accident or Suicide			



Name  
in  
Full

Mamie V. Hooper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at <sup>Town</sup> McKinstry Mills <sup>County</sup> Carroll **MARYLAND**

Date of death 1909 <sup>Month</sup> Dec. <sup>Day</sup> 19 <sup>Years</sup> Age 27 <sup>Months</sup> 5 <sup>Days</sup> 3

Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup>

Occupation Housewife <sup>Where Residing if not at place of death</sup> McKinstry

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Clarence Metzger

Father's Name Reese Hooper <sup>Father's Birthplace</sup> Md

Mother's Maiden Name Alice Haines <sup>Mother's Birthplace</sup> Md

Name of person giving Information Sterling Greenwood <sup>How related to deceased</sup> No

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

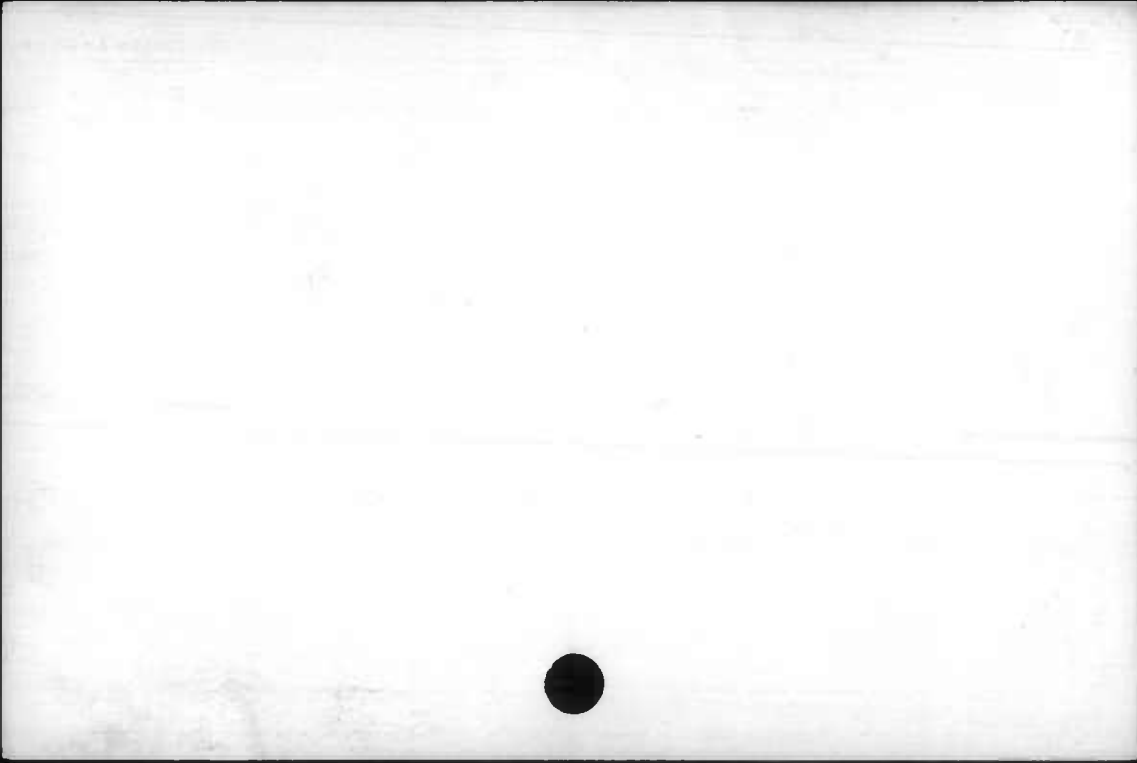
Primary Chronic Interstitial Nephritis (chronic) <sup>How long</sup> 32 years +

Immediate Cardiac Asthenia <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> J. H. Legg

<sup>Address</sup> Union Bridge, Md

Accident or Suicide No



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** *Michael Juliano*

**Town** *Springfield* **County** *Carroll* **MARYLAND**

**Died at** *Springfield Hospital*

**Date of death** *1909 Dec. 11* **Age** *33* **Months** *10* **Days** *26*

**Sex** *Male* **Color or Race** *White* **Birth-place** *Italy*

**Occupation** *Laborer* **Where Residing if not at place of death** *Springfield Hospital*

**Married, Single or Widowed** *Married* **Name of Wife or Husband** *Unknown*

**Father's Name** *Unknown* **Father's Birthplace** *Italy*

**Mother's Maiden Name** *Unknown* **Mother's Birthplace** *Italy*

**Name of person giving Information** *Hospital Record* **How related to deceased** *67*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

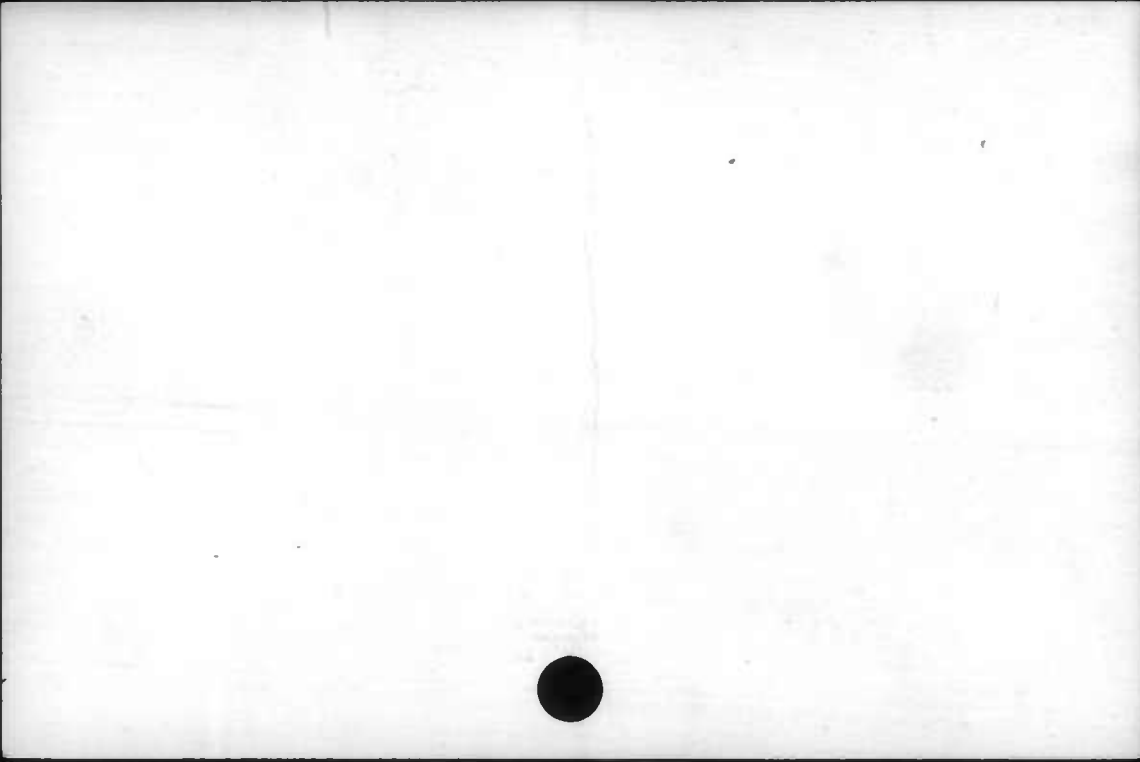
**Primary** *General Paresis* **How long** *Since Feb. 19<sup>th</sup> 1907*

**Immediate** *Pulmonary Oedema* **How long** *About 48 hrs.*

**Are the name, age, sex, color, date and place correctly given above?** *Yes* **Signature of Physician** *Alfred P. Harrison M.D.*

**Address** *Springfield Hospital  
Sykesville Md.*

**Accident or Suicide** *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Ruth Gammie Kroh</i>		Town <i>Silver Run</i>		County <i>Ganoll</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>13</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>Dec</i>		Day <i>13</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Silver Run Ind.</i>			
Occupation _____				Where Residing if not at place of death _____			

Married, Single or Widowed _____		Name of Wife or Husband _____	
Father's Name <i>G. Churn Kroh</i>		Father's Birthplace <i>Ganoll Go. Ind.</i>	
Mother's Maiden Name <i>Myrtle Kroh</i>		Mother's Birthplace <i>Ganoll Go. Ind.</i>	
Name of person giving Information <i>G. Churn Kroh</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

150

Primary	<i>Premature Birth</i>	How long	
Immediate	<i>Incomplete closure foramen Ovale</i>	How long	<i>1 day</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>G. Lewis Wetzel M.D.</i>	
		Address <i>Union Mills Maryland</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Minnie Lambden

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Springfield State Hosp <sup>County</sup> Carroll

MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 7 <sup>Years</sup> 41 Age 41

Months

Days

Sex Female Color or Race White Birth-place Ind.

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed SingleName of Wife or  
Husband

Father's Name Daniel B Lambden

Father's Birthplace Taylor Cld

Mother's Maiden Name Elizabeth Lambden

Mother's Birthplace Balto

Name of person giving  
Information Hospital recordsHow related  
to deceased

79

## CAUSES OF DEATH

Primary

Organic Heart disease

How long

About 1 year

Immediate

Cardiac syncope

How long

10 hours.

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

E. H. Shively

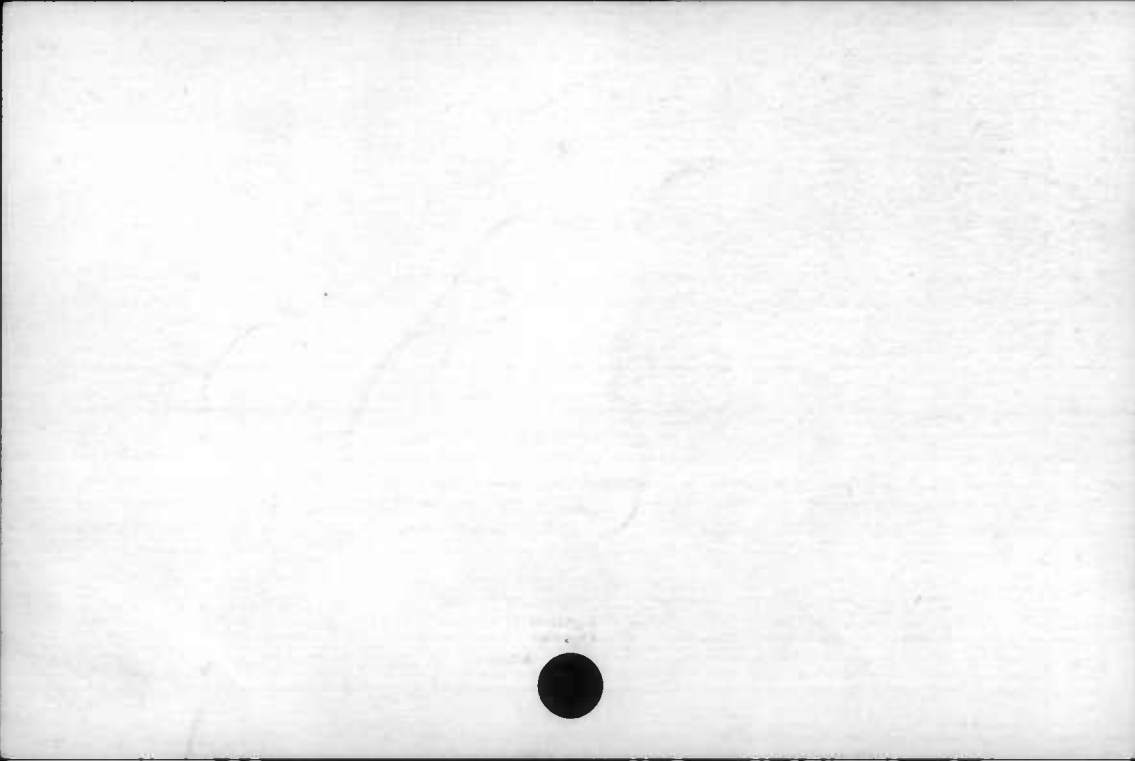
Address

Sylvester

Ind.

Accident or Suicide

yes  
N.TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Teresa Larue Leppo

543

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Disd at *Bachmans Valley* <sup>Town</sup> *Carroll* <sup>County</sup> **MARYLAND**

Date of death *1909* <sup>Month</sup> *Dec* <sup>Day</sup> *19* Age *2* <sup>Years</sup> *11* <sup>Months</sup> *21* <sup>Days</sup>

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Home*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *William Leppo* Father's Birthplace *Maryland*

Mother's Maiden Name *Amelia C. Foidinger* Mother's Birthplace *Maryland*

Nams of person giving Information *William Leppo* How related to deceased *Father*

## CAUSES OF DEATH

107

Primary *Intestinal Worms & Dysentery* <sup>How long</sup> *2 Mos*

Immediate *Cerebritis & Exhaustion* <sup>How long</sup> *48 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas. R. Fouts*

Address *Westminster Md*

Accident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORONER

Bachmans Cemetery  
Stones.

Name  
in  
Full

*Mrs Joanna Lorranger*

CERTIFICATE OF DEATH

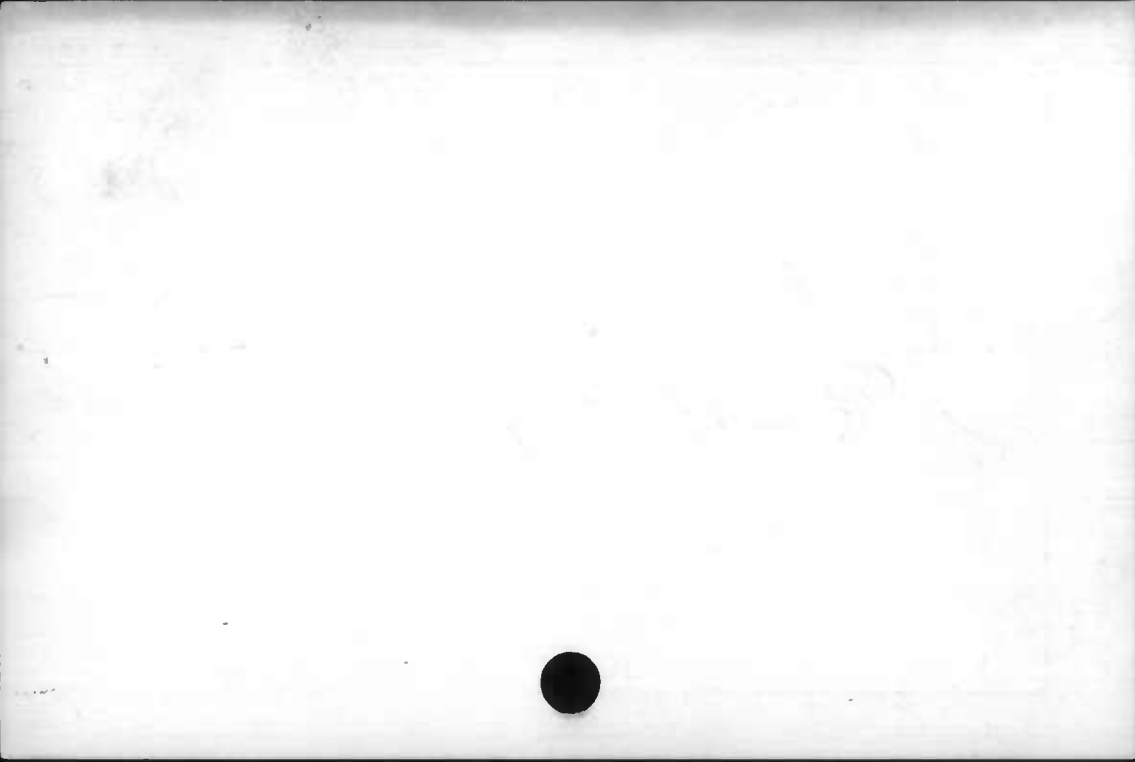
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Melrose</i> Town		<i>Canboll</i> County		MARYLAND	
Date of death	1909	Month	Dec	Day	10
Age	75		Years	Month	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Birth-place	<i>Ireland</i>	
Married, Single or Widowed	<i>widowed</i>		Where Residing if not at place of death	<i>Melrose</i>	
Father's Name	<i>Jeremiah Lorranger</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Ellen Clara</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving Information	<i>Emma C. Folt</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

Primary	<i>Organic heart Disease</i>
Immediate	<i>Gangrene of Leg</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>
Signature of Physician	<i>John S. Ziegler</i>
Address	<i>Melrose Md.</i>
Accident or Suicide	

**79**  
How long  
*indefinite*  
How long  
*8 days*



Name  
in  
Full

Frederick J Murdock

541

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Westminster* <sup>Town</sup> *Carroll* <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Month</sup> *Dec* <sup>Day</sup> *19* Age <sup>Years</sup> *6* <sup>Months</sup> *4* <sup>Days</sup>

Sex *male* Color or Race *Colored* Birth-place *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Roger Murdock* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Woodyard* Mother's Birthplace *Maryland*

Name of person giving Information *Joseph Wilcox* How related to deceased *Friend*

## CAUSES OF DEATH

Primary *Spasm* **(71)** How long *A few minutes*

Immediate *"* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*J. P. Shipley, M.D.*  
*Westminster*  
*Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER

Western Chapel  
Tower,

Name  
in  
Full

## CERTIFICATE OF DEATH

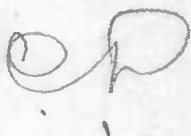
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hampstead</i>		Town <i>Carmel</i>		County		MARYLAND	
Date of death	1909	Month	12	Day	10	Age	Years <i>X</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hampstead, Md.</i>		Months	Days <i>27</i>
Occupation <i>None</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Harry E. Murray</i>		Father's Birthplace <i>Hampstead, Md.</i>					
Mother's Maiden Name <i>Lola A. Miller</i>		Mother's Birthplace <i>Mt. Carmel, Md.</i>					
Name of person giving information <i>Harry E. Murray</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>2 mos.</i>
Immediate	<i>Heart Failure</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edgar M. Bush</i>	
		Address <i>Hampstead, Md.</i>	
Accident or Suicide? <i>X</i>			



Name  
in  
Full

Ralph Sumner Patterson

## CERTIFICATE OF DEATH

Died at *Louisville* Town *Carroll* County  
Date of death 1909 Month *Dec* Day *22* Age *—* Years Months *—* Days *10*

MARYLAND

Sex *Male* Color or Race *White* Birth-place *Louisville*  
Occupation *Infant* Where Residing if not at place of death *Carroll Co*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Bester S Patterson*Father's Birthplace *Carroll Co*Mother's Maiden Name *Rose Leight*Mother's Birthplace *Don't know*Name of person giving Information *Bester S Patterson*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Imperfect Valvular of heart* How long *16 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

150

✓

*Thompson*  
*Glyndon*  
*Med*



Name  
in  
Full

Mary Peetry

542

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec.	19				7
Sex	Female		Color or Race	White		Birthplace	Maryland
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Harney		Peetry		Father's Birthplace		
Mother's Maiden Name	Annie B. Fitz		Fitz		Mother's Birthplace		
Name of person giving information	Annos		Fitz		How related to deceased		
						Grandfather	

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature.		How long	7 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			L. B. Shipley M.D.	
			Address	
			Westminster Md.	
Accident or Suicide				

Brother's Cemetery  
Stoner.

Name  
in  
Full

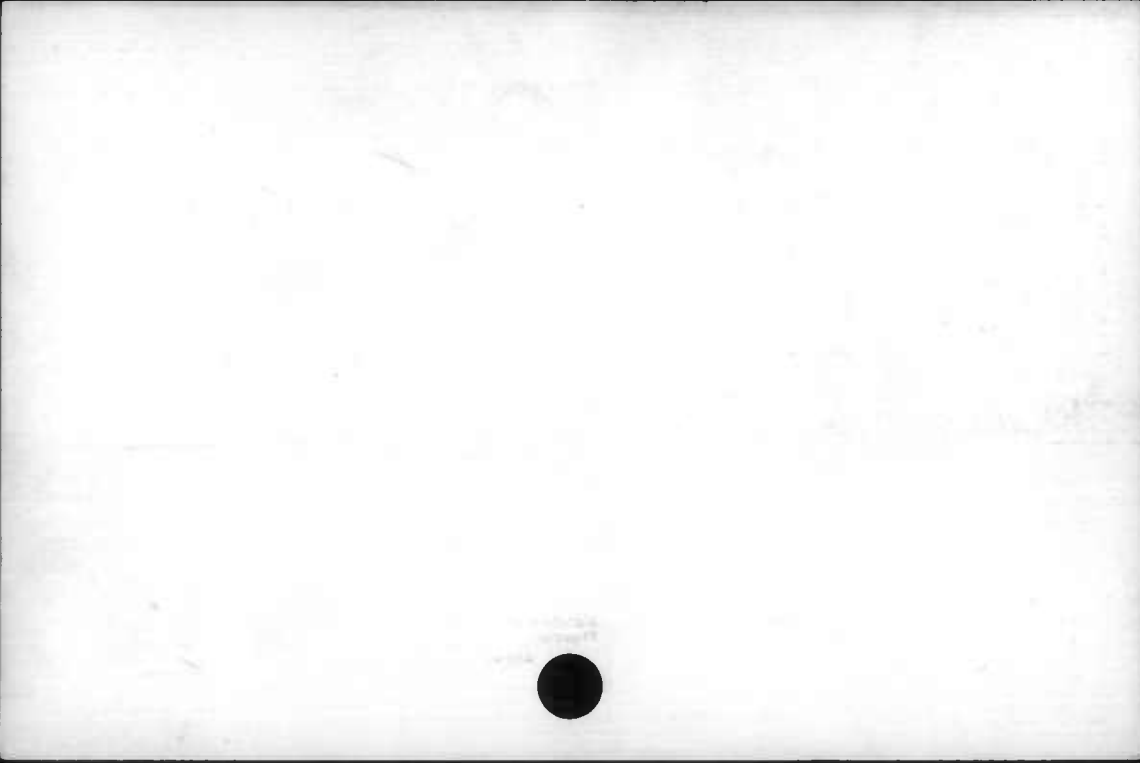
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Doctor Bubay Poole</i>		County <i>Leannell</i>		MARYLAND	
Died at <i>Mariottsville</i>		Town <i>Leannell</i>		Days	
Date of death <i>1909 December 21</i>		Month <i>December</i>		Years <i>2</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Mariottsville</i>	
Occupation _____		Where Residing if not at place of death <i>Mariottsville</i>			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Joe Poole</i>		Father's Birthplace <i>North Carolina</i>			
Mother's Maiden Name <i>Linda Poole</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving Information <i>Joe Poole</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					

PHYSICIAN  
OR CORONER

Primary		How long <i>9.3</i> ✓ <i>2 months</i>	
Immediate <i>Pneumonia</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Harry F. Leavelle</i>	
Accident or Suicide		Address <i>Sylbesville Md</i> <i>Coroner</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
FlonervillePrice  
County  
Carroll

MARYLAND

Date

of death

1909 Dec

Month

Day

14

Age

Years

Months

Days

One

Sex

Female

Color or  
Race

white

Birth-  
place

Flonerville, Md

Occupation

Where Residing if not  
at place of dathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John Price

Father's  
Birthplace

Montgomery Co,

Mother's  
Maiden Name

Agnes A Brown

Mother's  
Birthplace

Inett, Co Md

Name of person giving  
Information

Agnes A. Price

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Prematurity - (7 months)

How long

151

Immediate

Failure of Circulation

How long

Are the name, age, sex, color, data  
and place correctly given above?

yes

Signature of  
Physician

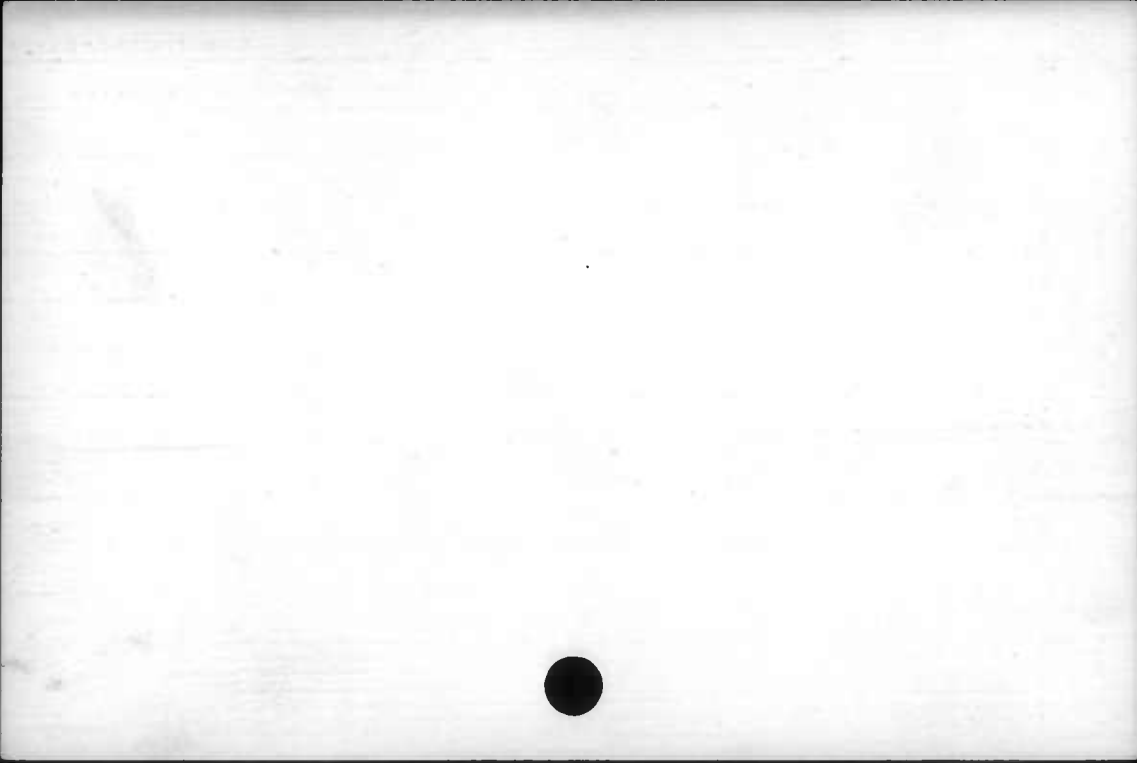
Daniel B. Trecher

Address

Sykesville Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Maggie Redigan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Lykesville* Town *Carroll* County

MARYLAND

Date of death 1909 *Dec.* Month *31<sup>st</sup>* Day Age *50* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Unknown*

Occupation *Housekeeper* Where Residing if not at place of death -

~~Married, Single~~ *Widow* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Bay View Asylum Records.* How related to deceased -

## CAUSES OF DEATH

Primary *Organic Heart Disease* How long *Over 7 months*

Immediate *Cardiac Syncope* How long *Sudden Death.*

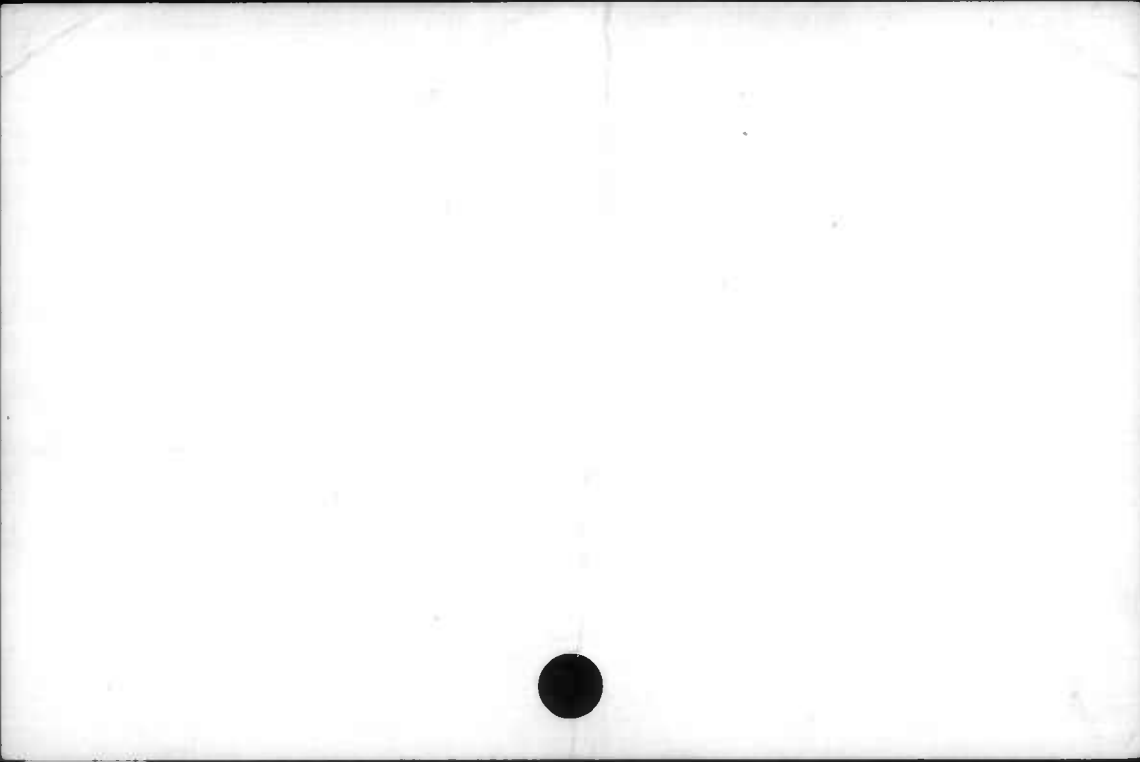
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *John Norfolk Morris M. D.* Address *Springfield State Hospital*

*Lykesville, Carroll Co. Md.*

Accident or Suicide *No.*

PHYSICIAN  
OR CORONER  
6



Name

in Full

Alice Adelaide Richards

## CERTIFICATE OF DEATH

Town

County

Died at *Hampstead**Carroll*

MARYLAND

Date

of death *1909*

Month

*12*

Day

*20*

Age

Years

*8*

Months

*2*

Days

*1*

Sex

*Female*

Color or Race

*White*

Birth-place

*Hampstead, Md.*

Occupation

*School-child*

Where Residing if not at place of death

*Same*

Married, Single or Widowed

*Single*

Name of Wife or Husband

*\_\_\_\_\_*

Father's Name

*Harry F. Richards*

Father's Birthplace

*Hampstead Md.*

Mother's Maiden Name

*Estherine Gross*

Mother's Birthplace

*Hampstead, Md.*

Name of person giving information

*Harry F. Richards*

How related to deceased

*Father*

## CAUSES OF DEATH

Primary

*Lobar Pneumonia*

How long

*9 da.*

Immediate

*Heart Failure*

How long

*12 hrs.*

Are the name, age, sex, color, date and place correctly given above?

*Yes.*

Signature of Physician

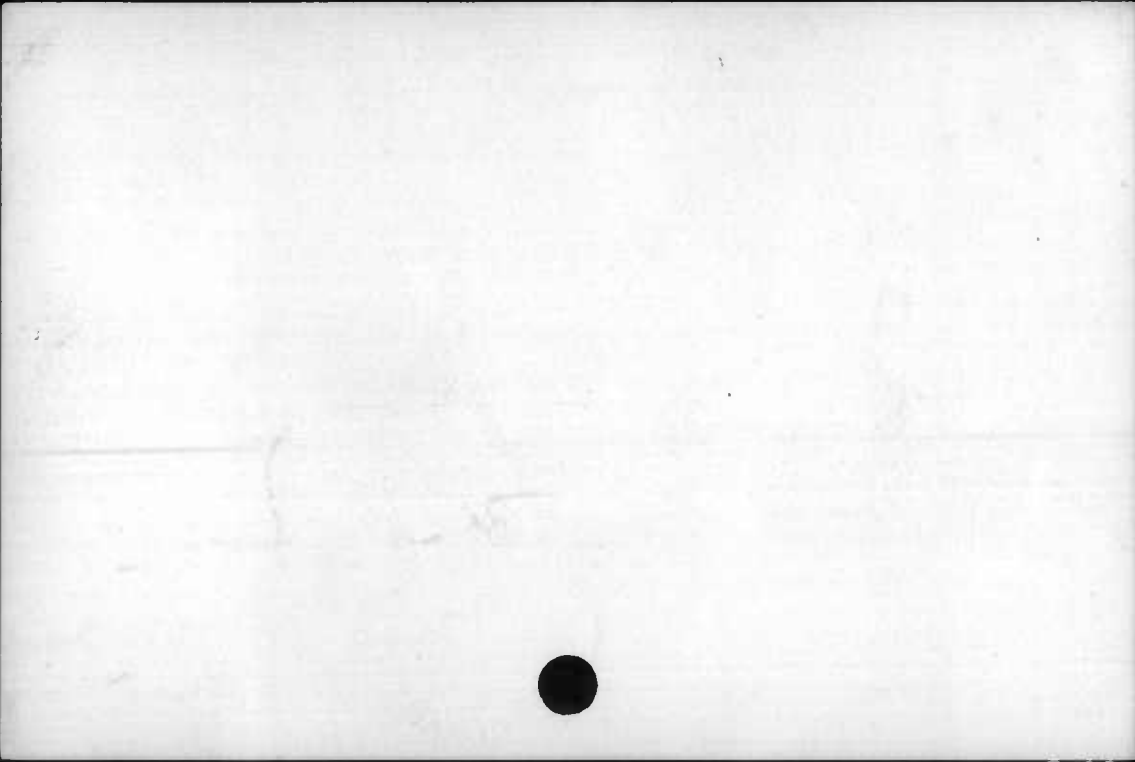
*Edgar M. Bush*

Address

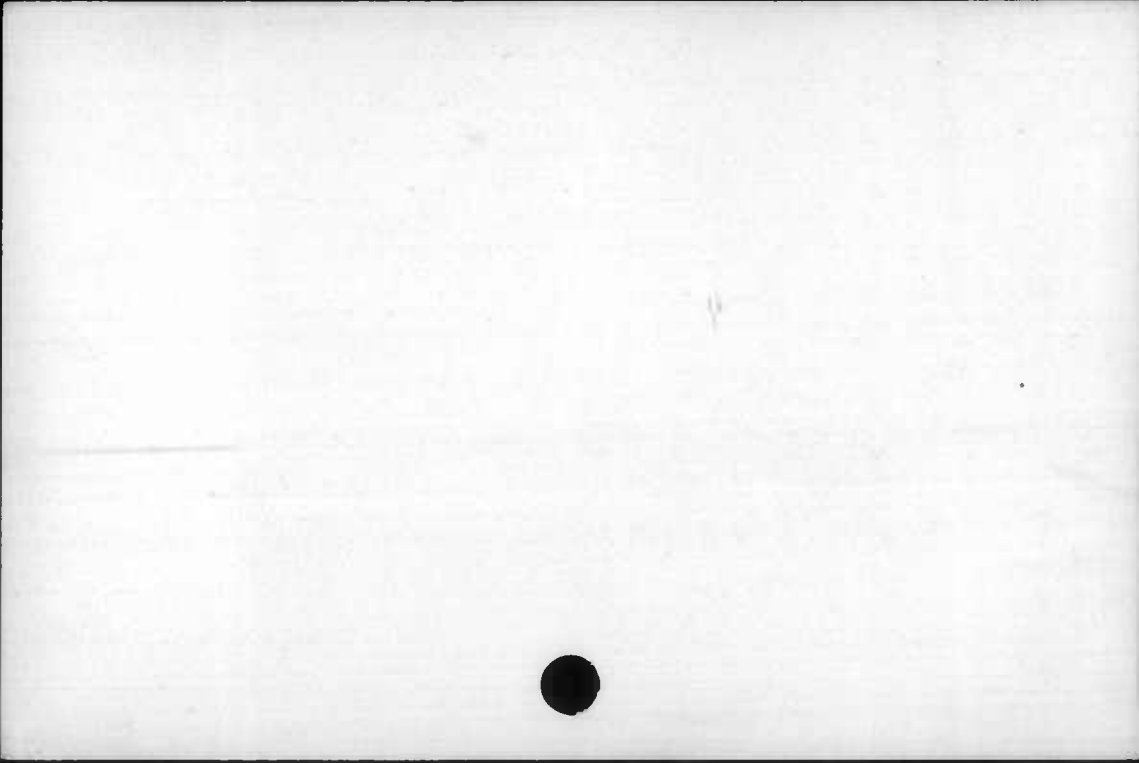
*Hampstead, Md.*

Accident or Suicide?

*X*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <b>Susan E Bidinges</b>		CERTIFICATE OF DEATH	
Died at <b>Taneytown</b> <sup>Town</sup>		County <b>Carroll</b>	
Date of death <b>1909 Dec 5</b>		Age <b>73</b> <sup>Year</sup>	
Sex <b>Female</b>		Color or Race <b>White</b>	
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>Coppersville</b>	
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Isaac Bidinges</b>	
Father's Name <b>Jacob Snyder</b>		Father's Birthplace <b>Unknown</b>	
Mother's Maiden Name <b>Hester Shriner</b>		Mother's Birthplace <b>Id</b>	
Name of person giving information <b>Chas. Bidinges</b>		How related to deceased <b>Son</b>	
CAUSES OF DEATH			
Primary <b>Cerebral Hemorrhage</b>		How long <b>3 weeks</b>	
Immediate <b>Failure of respiration</b>		How long <b>5 hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>H. N. Trissel, M.D.</b>	
Address <b>Taneytown, Md.</b>			
Accident or Suicide? <b>No</b>			



Name  
in  
Full

George W. Robinson

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Roseville <sup>County</sup> Carroll

MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 10 <sup>Age</sup> 77 <sup>Years</sup> 11 <sup>Months</sup> 9 <sup>Days</sup>

Sex ~~Female~~ Male Color or Race white Birth-place Carroll Co

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Eliza H. Robinson

Father's Name Joshua Robinson Father's Birthplace Unknown

Mother's Maiden Name Not Known Mother's Birthplace "

Name of person giving Information Eliza Robinson How related to deceased wife

CAUSES OF DEATH

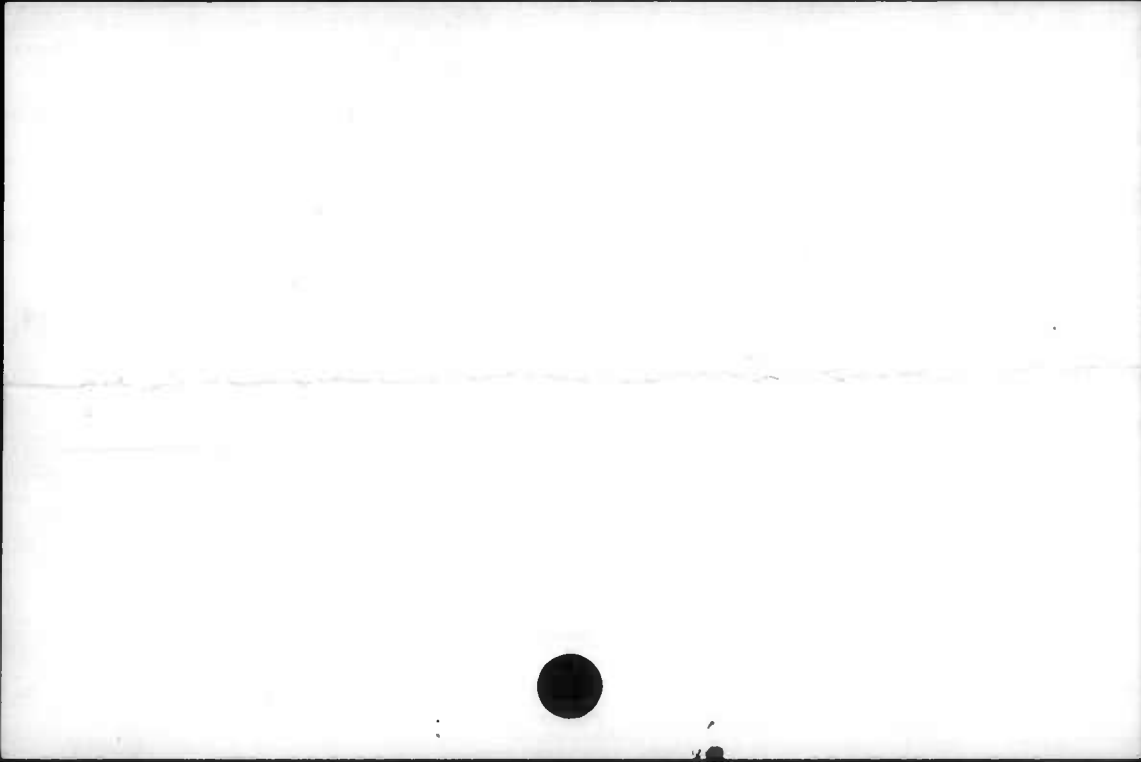
Primary Hypertrophy of Heart & Dropsy How long 7 months

Immediate Are the name, age, sex, color, date and place correctly given above? Signature of Physician J H Sherman M.D.

Address Mandeville Md  
Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

William E. Breworth Schaeffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

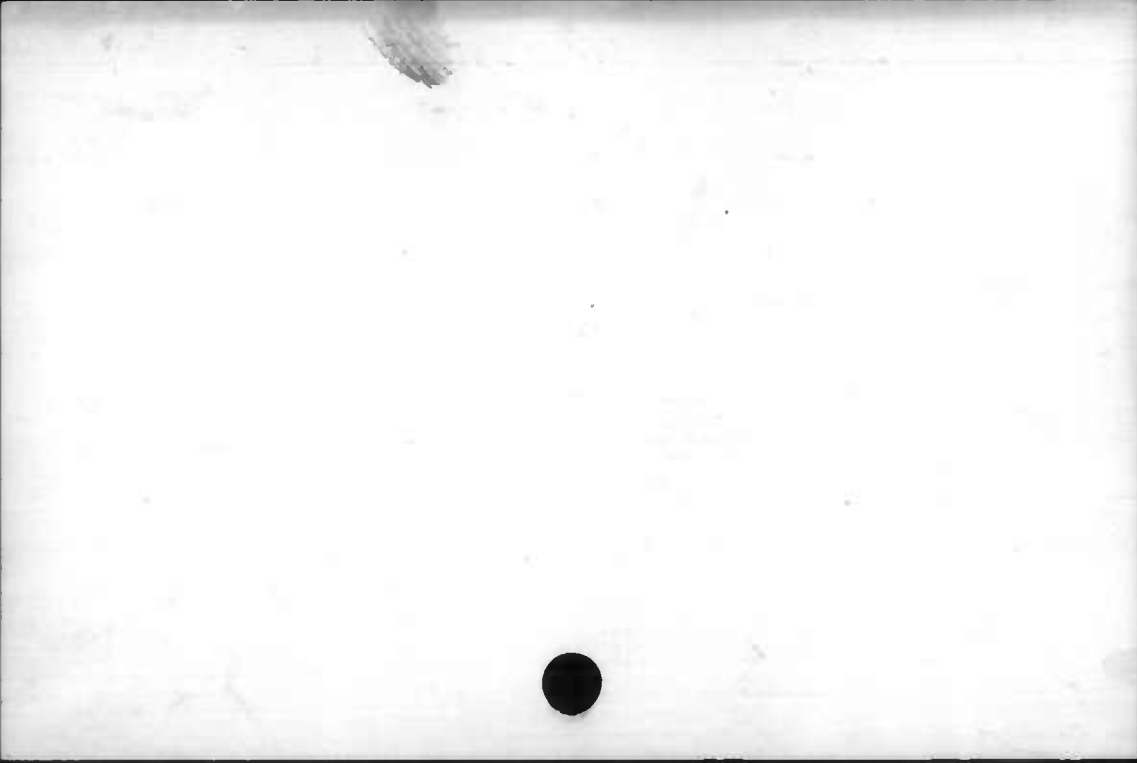
Died at <u>Snydersburg</u> <sup>Town</sup>		<u>Barroll</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>December</u> <sup>Month</sup> <u>19<sup>th</sup></u> <sup>Day</sup>		Age <u>18</u> <sup>Years</sup>		Months <u>9</u> Days <u>26</u>	
Sex <u>Man</u>		Color or Race <u>White</u>		Birth-place <u>Greenmount</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Snydersburg</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Samuel Schaeffer</u>		Father's Birthplace <u>Bolton, Co.</u>			
Mother's Maiden Name <u>Mary L. Kelbaugh</u>		Mother's Birthplace <u>Barroll, Co.</u>			
Name of person giving Information <u>Samuel Schaeffer</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <u>Typhoid Pneumonia</u>	How long <u>one week</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. L. Batt</u>
	Address <u>Westminster Md</u>
Accident or Suicide <u>/</u>	



Name  
in  
Full

Still Born Scott

539  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Westminster <sup>County</sup> Carroll MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 16 Age <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex <sup>male</sup> Color or Race <sup>white</sup> Birth-place <sup>7</sup>

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name <sup>Ernest Scott</sup> Father's Birthplace <sup>England</sup>

Mother's Maiden Name <sup>Sarah Ringland</sup> Mother's Birthplace <sup>England</sup>

Name of person giving Information <sup>Ernest Scott</sup> How related to deceased <sup>Father</sup>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <sup>Still Born</sup>

How long

Immediate

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

<sup>E. M. Sullivan</sup>  
<sup>Westminster, Md</sup>

Accident or Suicide

Mendon Brand  
Senior

Name  
in  
Full

Mary Louina Shriner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

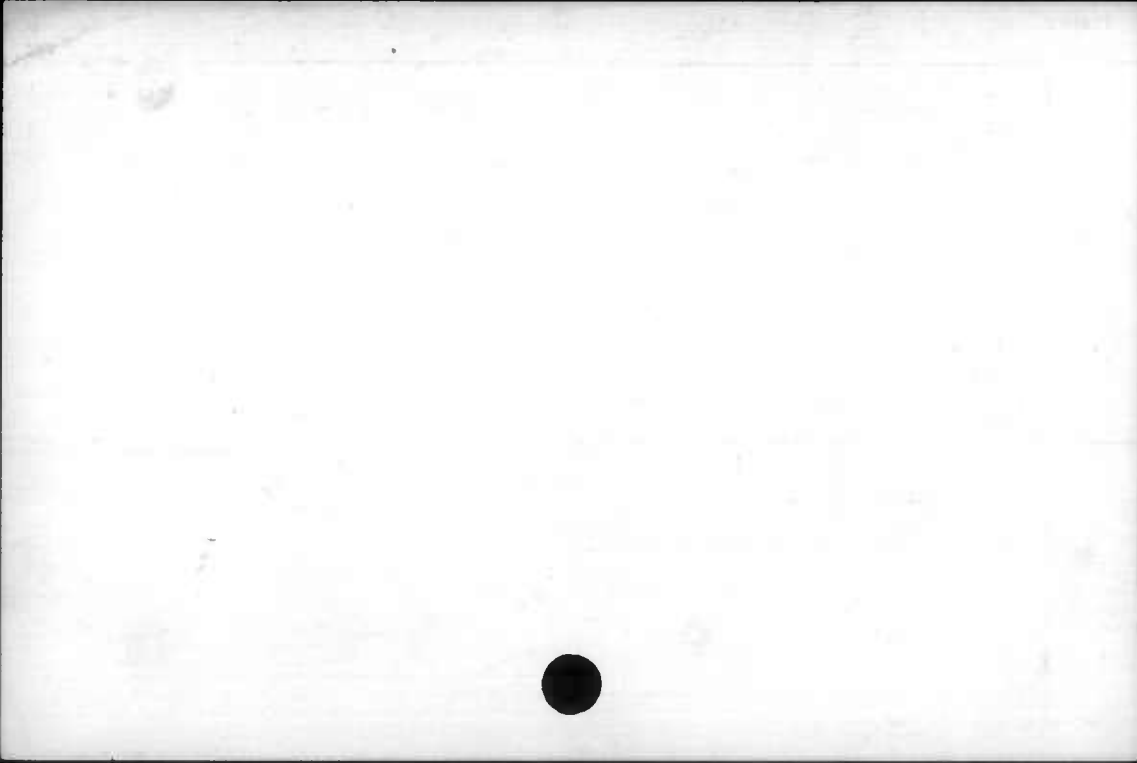
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Dec.	2nd	Age	92	One	Five
Sex		Color or Race		Birth-place			
Female		White		Near Harney, Md			
Occupation		Where Residing if not at place of death					
House work		Harney					
Married, Single or Widowed		Name of Wife or Husband					
Widow		Phillips Shriner					
Father's Name		Father's Birthplace					
John Jones		Liberty Ind					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Harris		Near Taneytown					
Name of person giving Information		How related to deceased					
W. Reek		Son-in-law					

## CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

Primary	across lower portion of the back	How long	2 months
Sunstroke		How long	1 day
Immediate	Collapse		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Harry C. Preston	
		Address	
		Harney, Maryland	
Accident or Suicide			



Name  
in  
Full

Susan Strevage

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Near Lantrytown <sup>County</sup> Carroll

Date of death 1909 Dec 2 Age 84 Months 2 Days 5

Sex Female Color or Race White Birth-place Carroll Co Md

Occupation Housewife Where Residing if not at place of death

Married, Single Widowed Name of wife or Husband Edward Strevage

Father's Name William Copenhagen Father's Birthplace Carroll Co Md

Mother's Maiden Name Annie Hann Mother's Birthplace " "

Name of person giving information Susan Diehl How related to deceased Daughter

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Scenic Hemorrhagic How long 2 years

Immediate Exhaustion How long in illness

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician L. Birnie

Address Lantrytown

Accident or Suicide?

Pleasant Valley

Name  
in  
Full

## CERTIFICATE OF DEATH

Anna Mary Utz

Town

County

Died at Snyderburg

Carroll

MARYLAND

Date

of death 1909

Month

Dec

Day

29

Age

Years

80

Months

11

Days

19

Sex

Female

Color or  
Race

White

Birth-  
place

Carroll Co Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Daniel Utz

Father's  
Name

David Jungling

Father's  
Birthplace

Carroll Co Md

Mother's  
Maiden Name

Elizabeth Shaffer

Mother's  
Birthplace

Carroll Co Md

Name of person giving  
Information

Amelia A Snyder

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Hypertrophy of Heart

How long

2 years

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

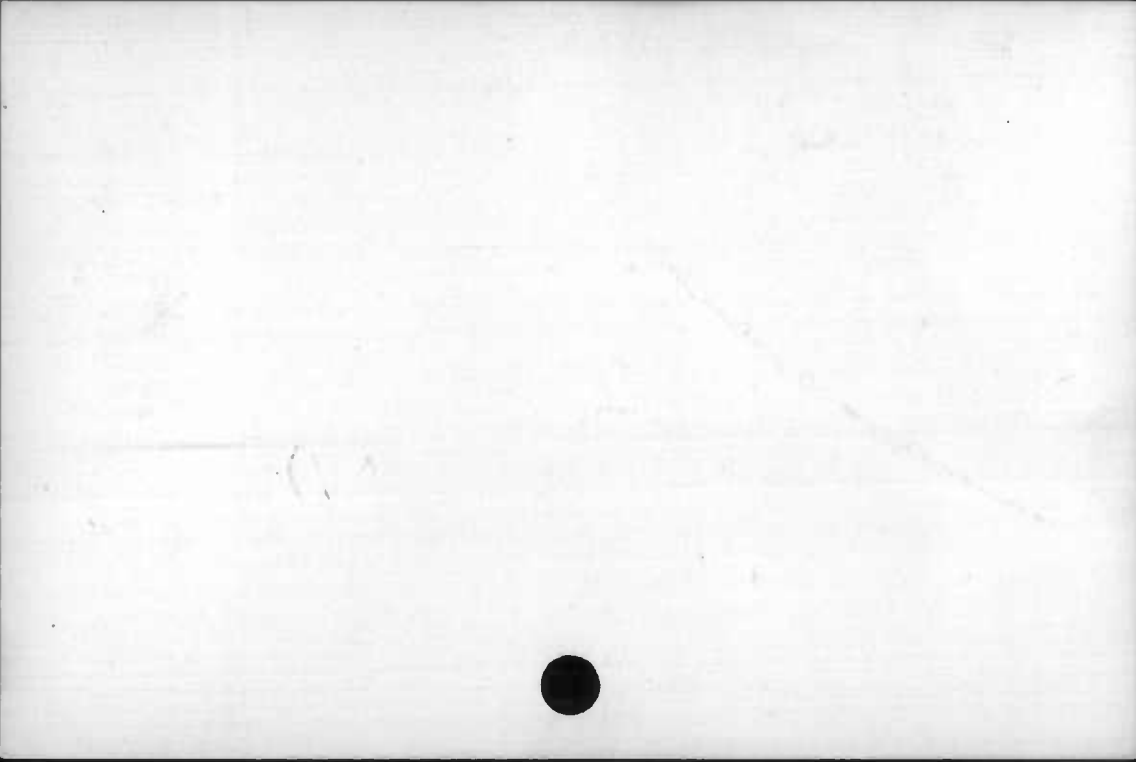
J. F. Sherman M.D.  
Manchester  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Charles Wagner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died	Town Near Lineboro		County Cornell		MARYLAND	
	Date of death	1909	Month 12	Day 26	Age 3	Months 10	Days 20
	Sex	Male		Color or Race	White		
	Birth-place	Lineboro Md.					
	Occupation	—			Where Residing if not at place of death —		
	Married, Single or Widowed	—		Name of Wife or Husband —			
	Father's Name	Josiah Wagner				Father's Birthplace	Lineboro Md.
Mother's Maiden Name	Mary Ehrhart				Mother's Birthplace	Stilts Pa.	
Name of person giving information	Josiah Wagner.				How related to deceased	Father.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Scarlet Fever.				How long	8 days
	Immediate	Terminal Pneumonia				How long	12 hrs.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	T. Howard Every	
					Address	Lineboro Md.	
	Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
Edna Maud Wagner		MARYLAND			
Died at <u>near Winfield</u> Town		County <u>Carroll</u>			
Date of death	1907	Month	12	Day	4
Age	—	Years	—	Months	10
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	—		Where Residing if not at place of death <u>near Winfield, Md.</u>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Columbus M. Wagner	Father's Birthplace <u>Carroll Co. Md.</u>			
Mother's Maiden Name	Elenora M. Shipley	Mother's Birthplace " " "			
Name of person giving information	Elenora M. Wagner	How related to deceased <u>Mother.</u>			
CAUSES OF DEATH					
Primary	Parasmas		How long <u>6 mo</u>		
Immediate	"		How long "		
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician <u>E. D. Crank</u>		
			Address <u>Winfield Carroll Co.</u>		
Accident or Suicide?					

Deer Park

Name  
in Full

Henry Thomas Wanth

544

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Pleasant Valley <sup>County</sup> Carroll MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 28 Age <sup>Years</sup> 68 <sup>Months</sup> 5 <sup>Days</sup> 9

Sex Male Color or Race White Birth-place Maryland

Occupation Retired Where Residing if not at place of death Home

Married, Single or Widowed Married Name of Wife or Husband Mary Wanth

Father's Name David Wanth- Father's Birthplace Maryland

Mother's Maiden Name Catherine Crouse Mother's Birthplace Maryland

Name of person giving Information Mrs Henry Wanth- How related to deceased Wife

CAUSES OF DEATH

94

Primary Pleurisy with Effusion How long 8 Months

Immediate Pneumonia How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Charles E. Croft

Address Tawny town

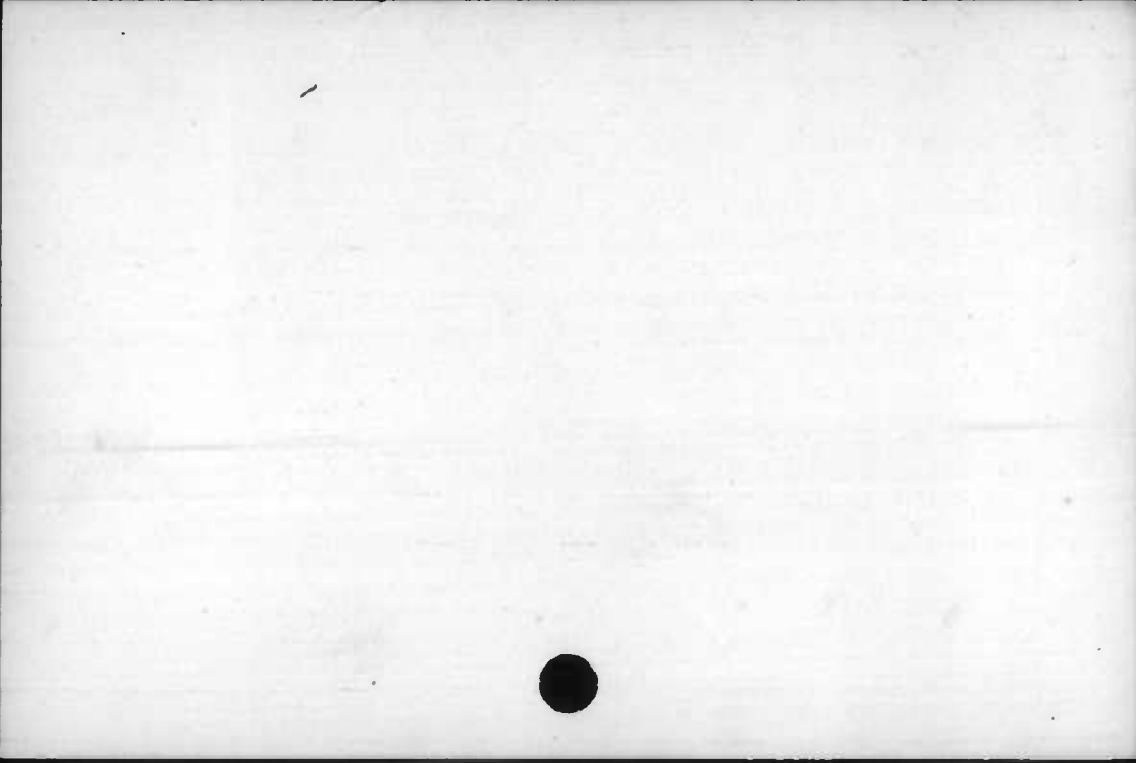
Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Pleasant Valley Cum  
Stoner.

Name in Full <b>Lewis Whitmer</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Near Taneytown</b> <sup>Town</sup>	<b>Carroll</b> <sup>County</sup>	MARYLAND
	Date of death <b>1909</b> <sup>Month</sup> <b>Dec</b> <sup>Day</sup> <b>10</b> <sup>Years</sup> <b>Age</b> <b>84</b>	<b>0</b> <sup>Months</sup>	<b>25</b> <sup>Days</sup>
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Frederick, Md</b>
	Occupation <b>Cooper</b>	Where Residing If not at place of death	
	Married, Single or Widowed <b>Widower</b>	Name of Wife or <del>Husband</del> <b>Mary A B Whitmer</b>	
	Father's Name <b>Unknown</b>	Father's Birthplace <b>Unknown</b>	
	Mother's Maiden Name <b>"</b>	Mother's Birthplace <b>"</b>	
Name of person giving information <b>Charles Whitmer</b>	How related to deceased <b>Son</b>		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; font-size: 24px;">64</div> <div>✓</div> </div>			
PHYSICIAN OR CORONER	Primary <b>Old age</b>	How long	
	Immediate <b>Cerebral Hemorrhage</b>	How long <b>32 hours</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>E. Borice</b>	
		Address <b>Taneytown</b>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

David Eli (Wilson)

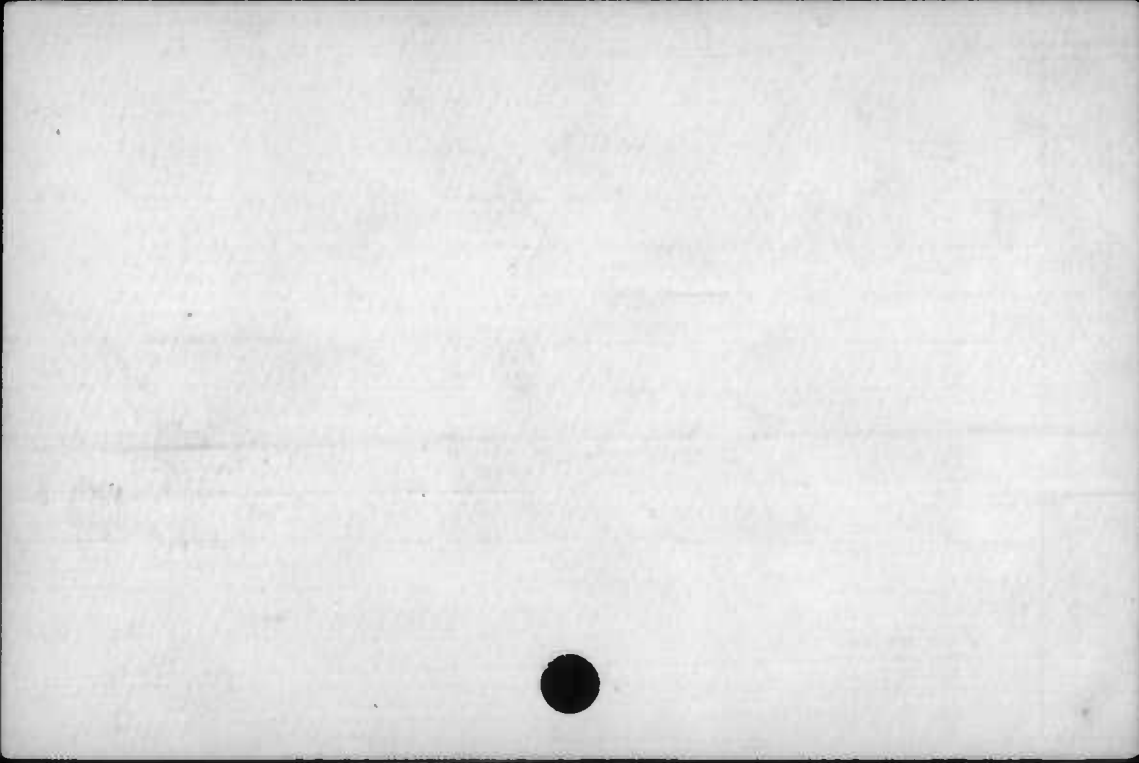
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Inglesville</i> <sup>Town</sup>		County <i>Barrow</i>		MARYLAND		
Date of death <i>1909</i>	Month <i>12</i>	Day <i>28</i>	Age <i>3</i>	Years <i>3</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>Ind.</i>			
Occupation <i>none</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband <i>—</i>					
Father's Name <i>William Edwin Wilson</i>	Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Mary Ellen Taylor</i>	Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>W. E. Wilson</i>	How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>6 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Frank Lucas, M.D.</i>
	Address <i>Inglesville, Ind.</i>
Accident or Suicide? <i>no</i>	



Elizabeth Gento

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Copperville		County Barroll		MARYLAND	
Date of death		1909	Month Dec	Day 23	Age 82	Years 0	Months 18
Sex Female		Color or Race White		Birth-place Barroll Co Md			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Uriah Gento					
Father's Name Jacob Young		Father's Birthplace Barroll Co Md					
Mother's Maiden Name Polly Barker		Mother's Birthplace "					
Name of person giving information Uriah Gento		How related to deceased Husband					

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Senility and Grip	How long	2 weeks
Immediate	Heart failure	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		G. H. Senior, M.D.	
Address		Paweytown, Md.	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

George Zirkle

Town

County

MARYLAND

Died at Springfield Hospital

Carroll

Date

of death

1909

Month

Dec

Day

28

Years

Age

71

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Unknown

Occupation

Unknown

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Unknown

Name of Wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

"

Mother's  
Birthplace

Unknown

Name of person giving  
information

Hospital record

How related  
to deceased

## CAUSES OF DEATH

Primary

Senile dementia

How long

35 yrs Insane

Immediate

Cardiac dilatation

How long

A few hours

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianChas. J. Casey  
Sykesville Md.

Address

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

